

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA!! STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART! LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
HAMASAKI	PETER	J.	529-7300	
MAILING ADDRESS (Street)			FAX	
500 Ala Moana Boul	524-8293			
(City)	(State)	(Zip	(Zip Code)	
Honolulu	HI	9	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
McCORRISTON MIL	529-7300			
MAILING ADDRESS (Street)			FAX	
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			524-8293	
(City)	(State)	(Zip	Code)	
Honolulu	Н	96	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
24 Hour Fitness, USA, I	(925) 543-3100		
MAILING ADDRESS (Street)	FAX		
12647 Alcosta Boulevard, Suite 500		(925) 543-3200	
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Joseph Freschi	(925) 543-3347 <sup>-</sup>		
MAILING ADDRESS (Street)	FAX		
12647 Alcosta Boulevard, Suite 500		(925) 543-3358	
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
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Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
X   Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation		
Culture, Arts, Historic	X Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the	information furnished above is	s, to the best of my knowledge,	correct and complete.		
		7 lan	2005		
- may	(Signature of Lobbyist)		(Date)		
1	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATION	ON TO LORBY	· · · · · · · · · · · · · · · · · · ·			
NAME	W 10 20001	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
I					
Joseph Freschi	Vice President & Assistant General Counsel				
NAME OF ORGANIZATION (if ap	plicable)	The state of the s	LEPHONE		
	phodeloy	'			
0411			925) 543-3347		
24 Hour Fitness USA, Inc.			X		
MAILING ADDRESS (Street)			<b>~</b>		
12647 Alcosta Boulevard, Suite 500			925) 543-3358		
(City)	(State) (Zip Code)				
San Ramon	CA	94583			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
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	$\sim\sim$	[//3/	105		
(Signature of Authorizing Officer or Person Represented) (Date)					